

---

<b>State:</b>	Arkansas	<b>Filing Company:</b>	First Guaranty Insurance Company
<b>TOI/Sub-TOI:</b>	A10 Annuities - Other/A10.000 Annuities - Other		
<b>Product Name:</b>	Deferred Annuity Application		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	First Guaranty Insurance Company
Product Name:	Deferred Annuity Application
State:	Arkansas
TOI:	A10 Annuities - Other
Sub-TOI:	A10.000 Annuities - Other
Filing Type:	Form
Date Submitted:	10/23/2012
SERFF Tr Num:	EWLE-128739662
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Vicki Rowe
Reviewer(s):	Linda Bird (primary)
Disposition Date:	10/26/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

---

<b>State:</b>	Arkansas	<b>Filing Company:</b>	First Guaranty Insurance Company
<b>TOI/Sub-TOI:</b>	A10 Annuities - Other/A10.000 Annuities - Other		
<b>Product Name:</b>	Deferred Annuity Application		
<b>Project Name/Number:</b>	/		

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 10/26/2012
	State Status Changed: 10/26/2012
Deemer Date:	Created By: Vicki Rowe
Submitted By: Vicki Rowe	Corresponding Filing Tracking Number:

### Filing Description:

This submission is being made on behalf of First Guaranty Insurance Company. Form SPA/FPA-092012 is a deferred annuity application. It is similar to form ANTYAP – 1/93 (REV 09/2007) previously approved by your office on October 12, 2007. The application contains a tracking number in brackets in the upper right hand corner of the first page. That tracking number will be used by the company for administrative purposes.

When approved, this application will be used in conjunction with the following annuities:

### Form Approval Date

SPANY – 1/93 (REV 8/03) October 6, 2003

FXANY – 1/93 (REV 8/03) October 6, 2003

Further, form ARK-NOT, the complaint notice which was approved by your office on July 21, 2009 will be used in conjunction with this application.

## Company and Contact

### Filing Contact Information

Vicki Rowe, Compliance	vrowe@lewisellis.com
9441 LBJ Freeway	972-664-0163 [Phone]
Suite 102	
Dallas, TX 75243	

### Filing Company Information

(This filing was made by a third party - lewisandellisincorporated3)

First Guaranty Insurance Company	CoCode: 84034	State of Domicile: Louisiana
P.O. Box 848	Group Code:	Company Type:
Ashdown, AR 71822	Group Name:	State ID Number:
(800) 264-5191 ext. [Phone]	FEIN Number: 71-0420424	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

SERFF Tracking #: EWLE-128739662

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: First Guaranty Insurance Company

TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other

Product Name: Deferred Annuity Application

Project Name/Number: /

Fee Explanation:

Per Company: No

Company	Amount	Date Processed	Transaction #
First Guaranty Insurance Company	\$50.00	10/23/2012	64173550

<b>SERFF Tracking #:</b>	EWLE-128739662	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	Arkansas	<b>Filing Company:</b>	First Guaranty Insurance Company
<b>TOI/Sub-TOI:</b>	A10 Annuities - Other/A10.000 Annuities - Other		
<b>Product Name:</b>	Deferred Annuity Application		
<b>Project Name/Number:</b>	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/26/2012	10/26/2012

<b>SERFF Tracking #:</b>	EWLE-128739662	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	Arkansas	<b>Filing Company:</b>	First Guaranty Insurance Company
<b>TOI/Sub-TOI:</b>	A10 Annuities - Other/A10.000 Annuities - Other		
<b>Product Name:</b>	Deferred Annuity Application		
<b>Project Name/Number:</b>	/		

## Disposition

Disposition Date: 10/26/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Defered Annuity Application		Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	First Guaranty Insurance Company
<b>TOI/Sub-TOI:</b>	A10 Annuities - Other/A10.000 Annuities - Other		
<b>Product Name:</b>	Deferred Annuity Application		
<b>Project Name/Number:</b>	/		

## Form Schedule

Lead Form Number: SPA/FPA-092012								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Deferred Annuity Application	SPA/FPA-092012	AEF	Initial			SPAFPA092012F1NAL.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

FOR HOME OFFICE USE ONLY

Contract #

Issue Date

Type

Init

Status

Agt1

Agt2

State

Dist

Maturity

**DEFERRED ANNUITY APPLICATION • First Guaranty Insurance Company • PO Box 848, Ashdown, AR 71822**  
 NOTE: PLEASE PRINT ALL INFORMATION (870) 898-5191 • (800) 264-5191

Owner:

☐ OwnerBeneficiary: ☐ Other:Does the Annuitant have existing Life Insurance coverage? ☐ YES ☐ NODoes the Annuitant intend to cancel or replace any existing Life Insurance policy in connection with this annuity application? ☐ YES ☐ NO

Annuitant's Full Name: LAST FIRST MIDDLE

Address: City: State: Zip+4:

Social Security #: Phone: Sex: ☐ M ☐ F DOB: Age:

Joint Annuitant, if any: LAST FIRST MIDDLE

Address: City: State: Zip+4:

Social Security #: Phone: Sex: ☐ M ☐ F DOB: Age:Payor, if other than  
Annuitant:

LAST FIRST MIDDLE

Address: City: State: Zip+4:

Annuity Type: ☐ Flexible Premium ☐ Single Premium

Total from Funeral Contract: \$

If there is a Balance Due, then enter # payments:

Amount Paid with Application: \$

Balance Due ÷ # payments = payment amount: \$

Balance Due: \$

Flexible Premium mode: ☐ B ☐ M ☐ Q ☐ S ☐ A

If Bank Draft (B) then complete Bank Draft Card before submission.

## FOR HOME OFFICE ENDORSEMENT ONLY

On behalf of myself and of any person who shall have or claim any interest in any contract issued on this application, I represent that all statements and answers contained herein are full, complete and true as written and are correctly recorded. I expressly agree as follows:

This application and any contract issued on it shall constitute the entire contract of insurance. No person other than the President or Secretary of the Company can act for it or make, modify or discharge any part of the contract or waive any of the company's rights and requirements. The Company is authorized to amend this application by an appropriate notation in the space designated "For Home Office Endorsement Only" in order to correct apparent errors or omissions and in order to conform it with the form and content of the contract that may be issued.

The Owner is authorized to assign this Contract. I represent that I have read any applicable fraud statement on page 2.

Dated at: CITY, STATE this day of MONTH, YEAR

Witnessed

by:

PRODUCER/AGENT 1 SIGNATURE, LICENSE #

2<sup>nd</sup> Producer/  
Agent

(if applicable):

PRODUCER/AGENT 2 SIGNATURE, LICENSE #

Full Signature

of Annuitant: X

Joint Annuitant

(if applicable): X

WHITE COPY – HOME OFFICE YELLOW COPY – FUNERAL HOME PINK COPY – CUSTOMER

Initial Premium / Single Premium Receipt  
First Guaranty Insurance Company  
PO Box 848, Ashdown, AR 71822  
(870) 898-5191 (800) 264-5191

Date: \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

Received of: \_\_\_\_\_

Payment: \_\_\_\_\_ /100 Dollars: (\$ \_\_\_\_\_ . \_\_\_\_\_ )

Annuitant: \_\_\_\_\_

Funeral Home  
(if applicable): \_\_\_\_\_

Producer/ Agent 1: \_\_\_\_\_ Producer/ Agent 2: \_\_\_\_\_

Producer/ Agent 1 Phone: \_\_\_\_\_ Producer/ Agent 2 Phone: \_\_\_\_\_

### FRAUD STATEMENTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

**Arkansas and Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Oklahoma Residents: WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Tennessee Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



<b>SERFF Tracking #:</b>	EWLE-128739662	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	Arkansas	<b>Filing Company:</b>	First Guaranty Insurance Company
<b>TOI/Sub-TOI:</b>	A10 Annuities - Other/A10.000 Annuities - Other		
<b>Product Name:</b>	Deferred Annuity Application		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
GenericReadabilityCertification.pdf			
CompliancecertificationAR.pdf			

## Readability Certification

Insurance Company: First Guaranty Insurance Company

<u>Form Number</u>	<u>Description of Form</u>
SPA/FPA-092012	Application

I hereby certify that the above referenced form complies with the readability requirements of this State.



---

Authorized Signature

Kirk Babb  
Name

President  
Title

October 22, 2012  
Date

## Compliance Certification

Insurance Company: First Guaranty Insurance Company

<u>Form Number</u>	<u>Description of Form</u>
SPA/FPA-092012	Application

I hereby certify that in connection with the above referenced forms, First Guaranty Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination;  
Rule & Regulation 49 pertaining to Guaranty Association Notices



---

Authorized Signature

Kirk Babb

---

Name

President

---

Title

September 5, 2012

---

Date